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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10916

CERTIFICATE OF DEATH

10916

Reg. Dist. No. 194

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL OR end give nearest town) <u>X</u> <u>Tridelpia</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL end give nearest town) <u>Tridelpia</u>		<u>X</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>00</u>				STREET ADDRESS (If rural give location)		<u>/</u>	
3. NAME OF DECEASED (First) (Middle) (Last) <u>HARRIETT</u> <u>VALINDA</u> <u>BROWN</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov.</u> <u>5</u> <u>19 55</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Dec. 4, 1879</u>	9. AGE last birthday <u>75</u> yrs.	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>James B. Sullivan</u>				14. MOTHER'S MAIDEN NAME <u>? Ward</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>James R. Brown, Brookville, Md.</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						INTERVAL BETWEEN ONSET AND DEATH	
1. IMMEDIATE CAUSE (A) <u>Chronic myocardial failure</u>						<u>5 days</u>	
2. ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerotic heart disease & coronary insufficiency</u>						<u>5 years</u>	
3. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Intertrochanteric fracture right hip</u>						<u>1 month</u>	
19a. DATE OF OPERATION <u>9/30/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Intertrochanteric fracture right hip</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <u>July</u> <u>1956</u> <u>Nov. 5</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July</u> <u>1956</u> , to <u>Nov. 5</u> , <u>1955</u> , that I last saw the deceased alive on <u>Nov. 5</u> , <u>1955</u> , and that death occurred at <u>3:00</u> P.M., from the causes and on the date stated above.							
SIGNATURE <u>Charles S. Whitaker, M.D.</u>				ADDRESS (Street, city, town, state) <u>Clarksville, Maryland</u>		DATE SIGNED <u>11/7/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>11-8-55</u>		NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>		LOCATION (City, town, or county) (State) <u>Shirshine, Md.</u>	
24. REC'D BY REGISTRAR <u>Nov 8, 1955</u>		REGISTRAR'S SIGNATURE <u>Marie C. Whitaker</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	

10010

CERTIFICATE OF DEATH

Reg. Dist. No. 231

NEAREST RELATIVE (Name and Address)

Name and Address of Deceased

Place of Birth

Color

Married

Age

Sex

Occupation

Residence

Death

72

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BUREAU V. S.

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INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10914 CERTIFICATE OF DEATH

10917

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		STATE <u>Maryland</u> COUNTY <u>Howard</u>		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Ellicott City</u>		LENGTH OF STAY (in this place)		TOWN <u>Ellicott City</u>		STREET ADDRESS (If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Waterloo Road</u>				STREET ADDRESS <u>Waterloo Road</u>			
3. NAME OF DECEASED (Type or Print) <u>MATTHEW</u> (First) <u>COATES</u> (Middle) (Last)				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28, 1955</u> 19			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1868</u>	9. AGE last birthday <u>86</u> yrs.	IF UNDER 1 YEAR (Month) (Day) (Year)		IF UNDER 24 HRS. (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Worker</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Matthew Coates</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mrs. Louise Coates, Ellicott City, Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH				18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (A) <u>Coronary Valvular Disease</u>							
ANTECEDENT CAUSE(S) DUE TO (B) <u>Arteriosclerosis</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Hypertension</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>M.</u>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>April 2, 1955</u> to <u>Nov 28, 1955</u> that I last saw the deceased alive on <u>Nov 27, 1955</u> and that death occurred at <u>2 P.M.</u> from the causes and on the date stated above. <u>11-28-55</u>							
SIGNATURE <u>W. B. Woolridge, Sr.</u>		M.D. <u>R. 4 Box 212 Ellicott City, Md.</u>		DATE SIGNED <u>Nov 28, 1955</u>		ADDRESS (Street, city, town, state) <u>Ellicott City, Md.</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12-1-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Locust Chapel</u>		LOCATION (City, town, or county) <u>Atholton, Md</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>John B. Loughman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	
DATE <u>11-29-55</u>							

P. B. E. L.

10013 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE 12

10013

High Court No.

1. DECEASED'S RESIDENCE (Street or Highway)

2. DECEASED'S NAME (Last, first, middle)

3. DECEASED'S SEX (Male or Female)

4. DECEASED'S AGE (Years, months, days)

5. DECEASED'S OCCUPATION

6. DECEASED'S MARITAL STATUS (Single, Married, Widowed, Divorced)

7. DECEASED'S BIRTH DATE (Month, day, year)

8. DECEASED'S BIRTH PLACE (City, State, Country)

9. DECEASED'S RACE (White, Negro, Other)

10. DECEASED'S RELIGION

11. DECEASED'S EDUCATION (Years of school)

12. DECEASED'S SERVICE (Military, Naval, Air Force, etc.)

13. DECEASED'S SOCIAL SECURITY NUMBER

14. DECEASED'S MANNER OF DEATH (Natural, Accidental, Suicide, Homicide, etc.)

15. DECEASED'S CAUSE OF DEATH (Disease, Injury, etc.)

16. DECEASED'S PLACE OF DEATH (Home, Hospital, etc.)

17. DECEASED'S DATE OF DEATH (Month, day, year)

18. DECEASED'S TIME OF DEATH (Hour, minute)

19. DECEASED'S SIGNATURE (Printed name)

20. DECEASED'S DATE OF SIGNATURE (Month, day, year)

21. DECEASED'S PLACE OF SIGNATURE (City, State, Country)

22. DECEASED'S SIGNATURE (Handwritten name)

23. DECEASED'S DATE OF SIGNATURE (Month, day, year)

24. DECEASED'S PLACE OF SIGNATURE (City, State, Country)

25. DECEASED'S SIGNATURE (Printed name)

26. DECEASED'S DATE OF SIGNATURE (Month, day, year)

27. DECEASED'S PLACE OF SIGNATURE (City, State, Country)

28. DECEASED'S SIGNATURE (Handwritten name)

29. DECEASED'S DATE OF SIGNATURE (Month, day, year)

30. DECEASED'S PLACE OF SIGNATURE (City, State, Country)

MARYLAND

DATE

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PLACE

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REASON

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CONSEQUENCE

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BUREAU V. 2

DEC 1 1955

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EXHIBITION

EXHIBITION

THIS IS TO CERTIFY THAT THE ABOVE NAMED DECEASED WAS A RESIDENT OF THE STATE OF MARYLAND AT THE TIME OF HIS OR HER DEATH AND THAT THE DEATH WAS CAUSED BY THE DISEASE OR INJURY SPECIFIED IN THE CAUSE OF DEATH COLUMN OF THIS CERTIFICATE.

1

INSTRUCTIONS

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VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10918

10915 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		STATE Maryland		COUNTY Howard			
CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City		LENGTH OF STAY (in this place) 57 yrs		CITY (If outside corporate limits, write RURAL and give nearest town) Ellicott City			
HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 New Cut Road		STREET ADDRESS (If rural give location) 81 New Cut Road					
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) SOPHIE		(Middle) DENT		(Last)		(Day) Nov. 16th. (Year) 55	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Aug. 5, 1898	9. AGE last birthday 57 yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Washing & Ironing		10b. KIND OF BUSINESS OR INDUSTRY In own Home for others		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Richard Dent				14. MOTHER'S MAIDEN NAME Hester Jane Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Ellicott City, Md. Mrs. Lena Manderville 81 New Cut Road			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) Bronchopneumonia						3 days	
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE							
STATING UNDERLYING CAUSE LAST, DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						Arteriosclerosis Cardio-Vascular Disease	
19a. DATE OF OPERATION 0 -		19b. MAJOR FINDINGS OF OPERATION -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5-1 , 19 50 , to 11-16 , 19 55 , that I last saw the deceased alive on 11-14 , 19 55 , and that death occurred at 6 A.M. from the causes and on the date stated above.							
SIGNATURE George E. Burdorf		M.D. Ellicott City, Md.		ADDRESS (Street, city, town, state) Ellicott City, Md.		DATE SIGNED 11-17-55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/19/1955		NAME OF CEMETERY OR CREMATORY Western Star Cemetery		LOCATION (City, town, or county) (State) Baltimore Co., Md.	
24. REC'D BY REGISTRAR DATE Nov. 17, 1955		REGISTRAR'S SIGNATURE John B. Loughran		25. FUNERAL DIRECTOR'S SIGNATURE Easton Lopez		ADDRESS Ellicott City, Md.	

Du. B. E. K.

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BUREAU V. 31

NOV 21 1955

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NOV 21 1955

INSTRUCTIONS

1 **TO ATTENDING PHYSICIAN OR HOSPITAL:** The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS AISC 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10919

10916 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Md.</u>		COUNTY <u>Baltimore</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>X</u> TOWN <u>Ellicott City</u>		LENGTH OF STAY (in this place) <u>1 yr.</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural- Parkton</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>90 Shaffer Conv. Retreat</u>				STREET ADDRESS (If rural give location) <u>Dairy Rd.</u>			
3. NAME OF DECEASED (First) (Middle) (Last) <u>Mary F. Dick</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16 1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Nov. 13, 1867</u>		9. AGE last birthday <u>88</u> yrs.	IF UNDER 1 YEAR (Months) (Days) IF UNDER 24 HRS. (Hours) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Liverpool, England</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13. FATHER'S NAME <u>Henry Cartwright</u>				14. MOTHER'S MAIDEN NAME <u>Mary Statham</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT & ADDRESS <u>Mrs. Ralph Stahler, Parkton, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>153X</u> IMMEDIATE CAUSE (A) <u>Carcinoma of Colon with metastases</u>						<u>1 yr</u>	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <input type="checkbox"/>		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1952, to 11-16, 1955, that I last saw the deceased alive on 11-10, 1955, and that death occurred at 8 P.M. from the causes and on the date stated above.							
SIGNATURE <u>John A. K. [Signature]</u> M.D.				ADDRESS (Street, city, town, state) <u>Ellicott City, Md.</u>		DATE SIGNED <u>11-16-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 19, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Chestnut Grove Cem.</u>		LOCATION (City, town, or county) (State) <u>Marysville, Penna.</u>	
24. REC'D BY REGISTRAR <u>NOV 18 1955</u>		REGISTRAR'S SIGNATURE <u>John Loughran</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Isaac Hertenstein</u>		ADDRESS <u>New Freedom, Pa.</u>	

EXHIBITION

1. The following is a list of the exhibits which have been received by the Bureau of the Census, and which are now on display in the Bureau building, Washington, D. C. The exhibits are arranged in alphabetical order of the names of the donors. The exhibits are as follows:

1955 CERTIFICATE OF DEATH

(MARYLAND) STATE DEPARTMENT OF HEALTH - BALTIMORE 18

10018

Reg. Dist. No. 10018

NAME OF DECEASED: HENRY J. HENRY

DATE OF DEATH: 10/18/55

PLACE OF DEATH: 10018

CAUSE OF DEATH: 10018

AGE: 10018

SEX: 10018

RACE: 10018

EDUCATION: 10018

OCCUPATION: 10018

RELIGION: 10018

DATE OF BIRTH: 10018

PLACE OF BIRTH: 10018

DATE OF ENTRY: 10018

PLACE OF ENTRY: 10018

DATE OF DEATH: 10018

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PLACE OF DEATH: 10018

BUREAU V. 8

101 IS 1955

RECEIVED

10917 CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

COUNTY Harward MARYLAND
 CITY (If outside corporate limits, write RURAL and give nearest town) 2 mos.
 OR TOWN Sutton
 HOSPITAL OR INSTITUTION OR STREET ADDRESS Simons Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montg.
 CITY (If outside corporate limits, write RURAL and give nearest town) 15X-2
 OR TOWN Burtonville
 STREET ADDRESS (If rural give location) ✓

3. NAME OF DECEASED:

(First) (Middle) (Last)

Lena Thomas Small

4. DATE OF DEATH: (Month) (Day) (Year)

November 5 1955

5. SEX:

5. COLOR OR RACE:

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH:

9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.

Months Days Hours Min.

86 yrs.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X
Immediate cause

(a)

DUE TO

Antecedent causes (s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

Interval Between Onset And Death

4 days.20 yrs.20 yrs.20 yrs.

21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work Not While At Work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19....., to 19....., that I last saw the deceased

alive on 19..... and that death occurred at from the causes and on the date stated above.

(Degree or time)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

BUREAU V. S.

NOV 15 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10918 CERTIFICATE OF DEATH

10921

Reg. Dist. No. 190

1. PLACE OF DEATH:
County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 yrs.
Hospital, institution, or street address where death occurred:
1928 London ave.
How long in hospital or institution? 00

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md. County Howard
City or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1928 London ave.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME
Charles H. Ernest

3.(b) Social Security Number
212-05-0635

4. Sex m 5. Color or race w 6.(a) Single, married, widowed, or divorced married
6.(b) Name of husband or wife Minnie I. Ernest
8.(c) If alive, give age 57 years
7. Birth date of deceased (mo., day, yr.) Feb. 13, 1896
8. AGE: Years 59 Months 9 Days 4 If less than one day
hrs. min.

9. Birthplace Baltimore
(Town, county, and state)
10. Usual occupation Shop Foreman
11. Industry or business C. & P. Telephone Co.
12. Name Charles H. Ernest
13. Birthplace Baltimore
14. Maiden name Rosina Wheeler
15. Birthplace Baltimore

16. Informant Mrs Minnie I. Ernest
Address 1928 London ave.
17. Burial (Burial, cremation, or inhumation. Which?) Burial Date thereof Nov 21, 1955
(month) (day) (year)
Cemetery or crematory London Park
Location Baltimore
18. Funeral director W. H. H. H. H.
Address 1913 W. Baltimore St.
19. 11/21 19 55 P. H. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Nov. 17, 1955 at 6:05 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1955 to Nov 17 1955
and that I last saw him alive on Nov 17 1955
Immediate cause of death acute coronary DURATION 13 m
myocardial infarction
Due to chronic myocarditis 1 yr
& Decompensation 2 m
Due to hypertension 1 yr
Other conditions arteriosclerosis
420.1 (Include pregnancy within 3 months of death)
Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE D. B. Brumbaugh M. D. or other
Address 3609 Main St
Elkridge 27 Md Date signed 11/19/55

MARGIN RESERVED FOR BINDING

VS A15 9.45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1973

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

1

[Faint, mostly illegible text covering the body of the document, possibly containing a letter or report.]



10919 CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>HOWARD</u>		MARYLAND		STATE <u>MARYLAND</u> COUNTY <u>HOWARD</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN			
<u>X</u> TOWN <u>ELKRIDGE</u>		<u>4 YRS.</u>		<u>ELKRIDGE</u> <u>X</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural give location)			
<u>10 HUNT CLUB RD.</u>				<u>10 HUNT CLUB RD.</u>			
3. NAME OF DECEASED:		(First) (Middle) (Last)		4. DATE (Month) (Day) (Year)			
(Type or Print)		<u>THERESA M. HARRINGTON</u>		OF DEATH: <u>Nov. 12,</u>		<u>1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
<u>FEMALE</u>	<u>WHITE</u>	<u>WIDOWED</u>	<u>SEPT 14 1883</u>	<u>72</u> yrs.	Months	Days	Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):				10B. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State of foreign country):	
						<u>WISCONSIN</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>JOHN BERRA</u>				<u>URSULE GABRIEL</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT & ADDRESS:	
<u>NO</u>				<u>NONE</u>		<u>MRS ALBERT KATOLA 10 HUNT CLUB RD</u>	
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
IMMEDIATE CAUSE (A) <u>Massive E.C. Hemorrhage</u>							
ANTECEDENT CAUSE (S) (B) <u>C.H. Stomach &</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Hepatic Metastases</u>							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION:				19B. MAJOR FINDINGS OF OPERATION			
<u>0</u>							
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.		21C. WHERE DID (City or town) (County) (State)	
						INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan</u> , 1953, to <u>Nov 12</u> , 1955, that I last saw the deceased alive on <u>Nov 7</u> , 1955, and that death occurred at <u>5:30</u> A.M., from the causes and on the date stated above.							
SIGNATURE <u>John C. Healey</u>				ADDRESS <u>Chesapeake Md</u>		DATE SIGNED <u>11/12/55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY)				DATE THEREOF		NAME OF CEMETERY OR CREMATORY	
<u>BURIAL</u>				<u>11-15-1955</u>		<u>MEADOWBIDGE</u>	
LOCATION (City, town, or county) (State)							
<u>BALTO. MD.</u>							
DATE REC'D BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>11/14/55</u>		<u>G. W. Hedrick</u>		<u>John J. Ambrose</u>		<u>1927 Sulphur Rd.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Howard	Blackridge	10 Hunt Club Rd	Yes
Theresa M. Harrington	White	10 Hunt Club Rd	Yes
John Deere	None	10 Hunt Club Rd	Yes
Measure 6	Measure 6	Measure 6	Measure 6

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10920 **CERTIFICATE OF DEATH**

10923

Reg. Dist. No. 192

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		STATE <u>Maryland</u>		COUNTY <u>Howard</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (In this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN <u>Marriottsville</u>				TOWN <u>Marriottsville</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Marriottsville Road</u>				STREET ADDRESS (If rural give location) <u>Marriottsville Road</u>			
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>LESTER CLYDE HINCKLE Sr.</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 26, 1955</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 10, 1908</u>		9. AGE last birthday <u>47</u> yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Gas Line</u>		11. BIRTHPLACE (State or foreign country) <u>Morgan County Va.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Elmer Hinckle</u>				14. MOTHER'S MAIDEN NAME <u>Verna Moore</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>197-01-6900</u>		17. INFORMANT & ADDRESS <u>Mrs. Edna Hinckle, Marriottsville, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
160X IMMEDIATE CAUSE (A) <u>GASTRIC OBSTRUCTION</u>						<u>2 Mo.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>METASTATIC CARCINOMA</u>						<u>3 Mo.</u>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST, DUE TO (C) <u>ANAPLASTIC CARCINOMA OF</u>						<u>7 Mo.</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. <u>LEFT NASAL CAVITY</u>							
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>May 1955</u> , to <u>Nov. 1955</u> , that I last saw the deceased alive on <u>Nov. 26, 1955</u> , and that death occurred at <u>7:30 P.</u> M., from the causes and on the date stated above.							
SIGNATURE <u>Donald E. Fisher</u>				M.D. <u>Ellicott City Md.</u>		DATE SIGNED <u>11-28-55</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>12-1-1955</u>		NAME OF CEMETERY OR CREMATORY <u>Logan Valley</u>		LOCATION (City, town, or county) <u>Belleville, Pa.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>Alice W. Webb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham, Ellicott City, Md.</u>			
DATE <u>Nov. 28, 1955</u>							

per. E.A.S.

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within **24 hours** after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within **72 hours** after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10921

CERTIFICATE OF DEATH

10924

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge</u>		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Elkridge</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Meadowridge Ave.</u>				STREET ADDRESS (If rural give location) <u>Meadowridge Ave</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) <u>Kate</u> (Middle) <u>Mary</u> (Last) <u>Ellen Jackson</u>				(Month) <u>Nov.</u> (Day) <u>18</u> (Year) <u>1955</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>About 1870</u>	9. AGE last birthday <u>? 35</u> yrs.	IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Howard County, Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown Abe Matthews</u>				14. MOTHER'S MAIDEN NAME <u>Unknown Mary Granger</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT & ADDRESS <u>Mabel Eldridge, Severn, Md.</u>			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>422. / IMMEDIATE CAUSE (A) Cardio Valvular Disease</u>							
ANTECEDENT CAUSE(S) DUE TO							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO							
(C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION <u>8</u>		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> <input type="checkbox"/>		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Nov. 11, 1955, to Nov. 11, 1955, that I last saw the deceased alive on Nov. 11, 1955, and that death occurred at 11:30 AM from the causes and on the date stated above.							
SIGNATURE <u>Mabel Eldridge</u>				ADDRESS (Street, city, town, state) <u>M.D. R 4 Box 212 Elkridge Md</u>		DATE SIGNED <u>Nov. 18, 1955</u>	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 20, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>St. Stephens</u>		LOCATION (City, town, or county) (State) <u>Elkridge, Md.</u>	
24. REC'D BY REGISTRAR DATE <u>Nov. 21, 1955</u>		REGISTRAR'S SIGNATURE <u>(Miss) E. Bird Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	

BUREAU V. S.

NOV 22 1956

RECEIVED

10922 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Howard	MARYLAND	STATE Maryland	COUNTY 3Y01-4
CITY (If outside corporate limits, write RURAL OR and give nearest town) Ellicott City	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, Maryland	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing H.		STREET ADDRESS (If rural give location) 3249 E. Baltimore St.	
3. NAME OF DECEASED:		4. DATE (Month) (Day) (Year) OF DEATH:	
(First) Charles Edward	(Middle) Miller	(Last)	(Month) Nov 9 (Day) 1955 (Year) 19
5. SEX: M	6. COLOR OR White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed	8. DATE OF BIRTH: June 17, 1865
		9. AGE last birthday 90 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter		10B. KIND OF BUSINESS OR INDUSTRY: carpenter	
11. BIRTHPLACE (State or foreign country): Trappe, Talbot Cty.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: ? Miller		14. MOTHER'S MAIDEN NAME: ? ?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT & ADDRESS: Mrs Bertie Keidel 611 N. Robinson			
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
IMMEDIATE CAUSE (A) Cerebral Arteriosclerosis			
ANTECEDENT CAUSE (B) Generalized Arteriosclerosis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Depressive State - refusal to enter hospital			
19A. DATE OF OPERATION: 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 9/22 , 19 55 , to 9/9 , 19 55 , that I last saw the deceased alive on 9/4 , 19 55 , and that death occurred at 7:30 A.M., from the causes and on the date stated above.			
SIGNATURE Chas E Miller		ADDRESS M.D. 5226 Balt. Nat. Pike DATE SIGNED 11/10/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Nov 12, 1955	
NAME OF CEMETERY OR CREMATORY Denton Cemetery		LOCATION (City, town, or county) (State) Denton, Maryland	
DATE REC'D BY LOCAL REGISTRAR 11/10/55		REGISTRAR'S SIGNATURE A. H. Hedrick	
24. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.			

MARGIN RESERVED FOR BINDING

VS. A15 — 10 - 53

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1944
1945
1946

Maryland

Howard

Baltimore, Maryland

Elizabet Miller

3342 E. Baltimore St.

Highland Park Building H.

Nov 5, 1955

Charles Edward Miller

90

June 17, 1955

Widowed

White

USA

Teacher, Talent Ctr.

Carpenter

Carpenter

?

Miller

John A. Miller, 611 E. Robinson

none

none

no

Nov 12, 1955 Denton Cemetery, Denton, Maryland

Burial

John A. Miller, 3000 E. Baltimore St.

10923 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Howard</u>	MARYLAND	STATE <u>MD</u>	COUNTY <u>Howard</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Eldredge</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>6507 Old Wash Rd</u>	STREET ADDRESS (If rural give location) <u>6507 Old Wash Rd</u>		
3. NAME OF DECEASED: (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
<u>Elizabeth Lewis Miller</u>		<u>Nov 15 1953</u>	
5. SEX: <u>Female</u>	6. COLOR OR RACE: <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Widowed</u>	8. DATE OF BIRTH: <u>Dec 18 1965</u>
9. AGE last birthday <u>89</u> yrs.		10. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Mins.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Domestic</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Laundress</u>	11. BIRTHPLACE (State or foreign country): <u>Lynnwood Va</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME: <u>Samuel Hance Lewis</u>	
14. MOTHER'S MAIDEN NAME: <u>Lou Dabney</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT & ADDRESS: <u>Mrs Sue Lewis Duke (sister) Eldredge</u>	
18. MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH (mo.)
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
422.1 IMMEDIATE CAUSE (A) <u>Myocardial Insufficiency</u>			27 mo
ANTECEDENT CAUSE (S) DUE TO (B) <u>General Arterio-sclerosis</u>			2 yrs
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (C) <u>Chronic arthritis of age</u>			3 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept 11, 1953</u> , to <u>Nov 4, 1953</u> that I last saw the deceased alive on <u>Nov 4, 1953</u> , and that death occurred at <u>11 1/2</u> M, from the causes and on the date stated above.			
SIGNATURE <u>W. B. Brumbaugh</u>		ADDRESS <u>M. D. 5609 Main St Eldredge Md</u>	
DATE SIGNED <u>11/4/53</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Removal</u>		DATE THEREOF <u>11/4/53</u>	
NAME OF CEMETERY OR CREMATORY <u>Lewis Family Cmt</u>		LOCATION (City, town, or county) (State) <u>Rockingham Co. Va</u>	
DATE REC'D BY LOCAL REGISTRAR <u>11/5/53</u>		REGISTRAR'S SIGNATURE <u>W. J. Dickson</u>	
24. FUNERAL DIRECTOR <u>W. J. Dickson</u>		ADDRESS <u>N. Va.</u>	

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

NOV 10 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10927

10924 CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY Howard		MARYLAND		STATE Maryland		COUNTY Howard	
CITY (If outside corporate limits, write RURAL and give nearest town) X TOWN Elkridge (rural)		LENGTH OF STAY (in this place) 70 yrs.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge (rural)		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 00 Montgomery Road				STREET ADDRESS (If rural give location) Montgomery Road		1	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH			
(First) THERESA (Middle) MARY (Last) O'NEILL				(Month) Nov. (Day) 24 (Year) 19 55			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Sept. 15, 1885	9. AGE last birthday 70 yrs.	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME William Simon				14. MOTHER'S MAIDEN NAME Mary Otten			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS Box 347 Elkridge 27, Md. Miss Cecilia O'Neill Montgomery Rd.			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
493X IMMEDIATE CAUSE (A) pneumonia Rt base						INTERVAL BETWEEN ONSET AND DEATH 5 dgs	
ANTECEDENT CAUSE(S) due to							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. due to						Cardiac failure - pulmonary edema	
(C) aged							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M. <input type="checkbox"/> Not while at work <input type="checkbox"/>		21e. INJURY OCCURRED While <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2/1 , 19 54 , to 11/24 , 19 55 , that I last saw the deceased alive on 11/24 , 19 55 , and that death occurred at 9:15 A.M. from the causes and on the date stated above.							
SIGNATURE Cliff R. Smith Jr M.D.				ADDRESS (Street, city, town, state) M.D. 4605 Edmonson ave		DATE SIGNED 11/25/55	
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 11/28/55		NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery		LOCATION (City, town, or county) (State) Ilchester Howard Co. Md.	
24. REC'D BY REGISTRAR no. 26, 190 (Miss) E. B. Miller		REGISTRAR'S SIGNATURE E. B. Miller		25. FUNERAL DIRECTOR'S SIGNATURE Easton Sons		ADDRESS Catonsville - 28 Md.	

05

7-25-54 V.C. 204

BUREAU V. 8

NOV 28 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 191

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Howard</u>			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town) OR			
TOWN <u>Ridgeville</u>				TOWN <u>Daniels</u>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Rt. 142 mile east of Ridgeville Md		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED: (Type or Print)		(First) (Middle) (Last)		4. DATE OF DEATH		(Month) (Day) (Year)	
GUY		FENLEY PERRY		Nov. 20, 1955		19	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Male	White	Single	Feb. 6, 1929	26 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
Laborer		Woolen Mill		Tenn.			
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
John Perry				Susan Seals			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
No		216-24-0328		Wiley Brewer, Ellicott City, Md			
18. MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <u>Fracture 6th and 7th Cervical</u>							
Immediate cause (a) <u>Vertebral Fracture Base of Skull</u>						Instant	
DUE TO							
Antecedent cause(s) (b) <u>DUE TO</u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:				20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY Highway		21c. (City or town) 2 mile east Ridgeville		(County) Howard (State) Md	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11-20-55 4.15 P.M.		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Passenger in Auto struck wall			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input checked="" type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		George E. Burdick		M. D.		DATE SIGNED 11-21-55	
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
Burial		11-23-55		Good Shepherd		Ellicott City, Md	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
11-23-55		John B. Loughran		F.C. Higinbotham		Ellicott City, Md	

10925

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10-22

10-22

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Form with multiple lines for text entry, mostly blank or containing faint, illegible text.

BUREAU V. S.

NOV 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

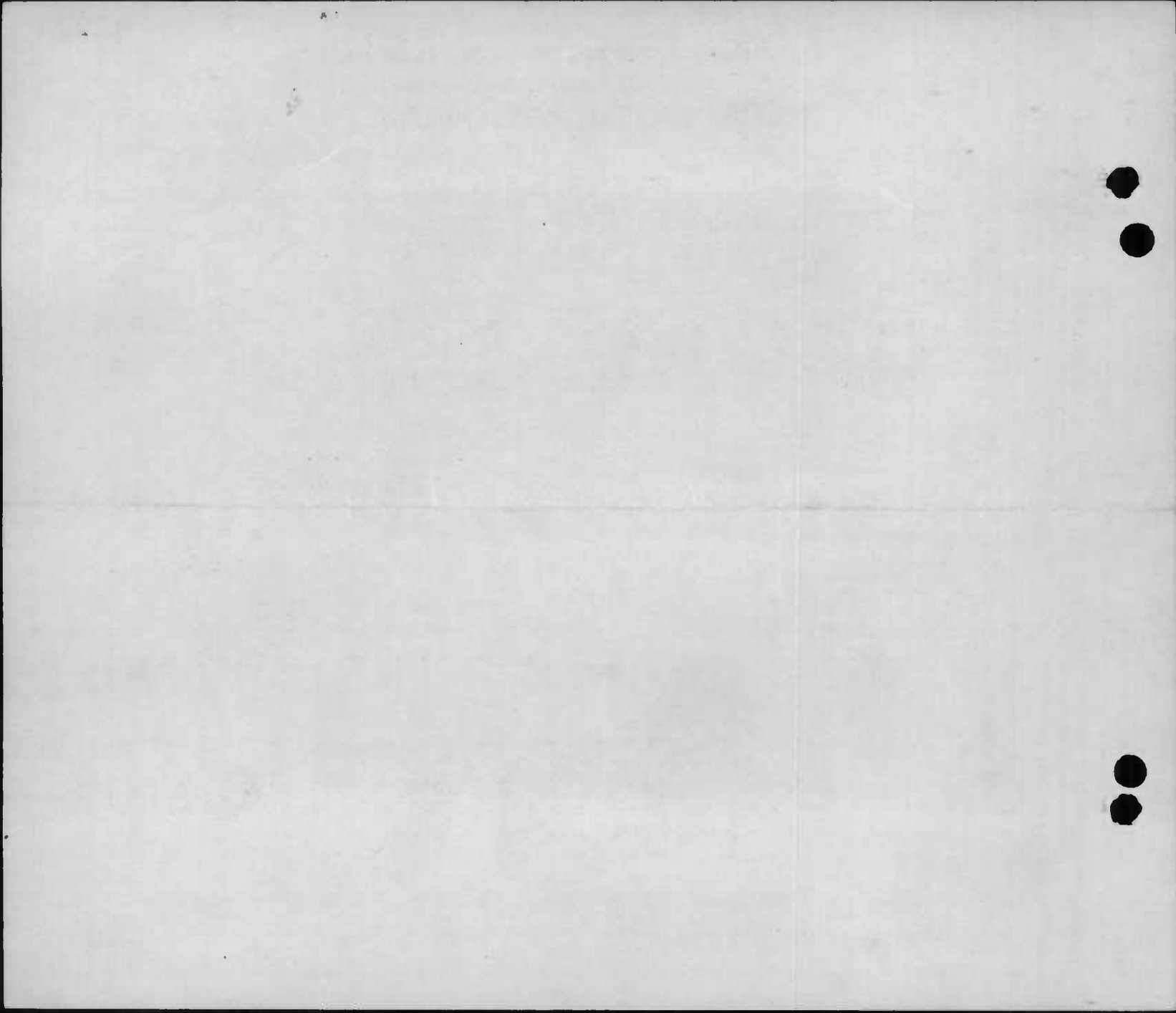
10926 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH COUNTY Howard MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Ellicott City		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Baltimore	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Highland Manor Nursing		STREET ADDRESS 1900 E. Eager Street	
3. NAME OF DECEASED (Type or Print) MAURICE		4. DATE OF DEATH (Month) November (Day) 27 (Year) 1955	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower		8. DATE OF BIRTH Aug. 16, 1875	
9. AGE last birthday 80 yrs.		10. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) bricklayer		12. CITIZEN OF WHAT COUNTRY USA	
13. FATHER'S NAME Richard Pritchett		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY No. 217-07-449z	
17. INFORMANT AND ADDRESS Mr. James E.J. Pritchett		18. MEDICAL CERTIFICATION 825 Bradhurst Road	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 331X Immediate cause (a) Cerebral Hemorrhage Antecedent cause(s) (b) Cerebral arteriosclerosis + general arteriosclerosis Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)		INTERVAL BETWEEN ONSET AND DEATH Immediate	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July, 1955, to Aug. Nov. 1955, that I last saw the deceased alive on Nov. 25, 1955, and that death occurred at 1 A.M., from the causes and on the date stated above.			
SIGNATURE Wm. J. Miller		ADDRESS 5226 Balt. Nat. Pike	
DATE SIGNED 11-28-55			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF Nov. 30, 1955	
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		LOCATION (City, town, or county) Baltimore, Maryland	
24. FUNERAL DIRECTOR H. SANDER & SONS, INC.		ADDRESS Baltimore, Maryland	
DATE REC'D BY LOCAL REG. 11-30-55		REGISTRAR'S SIGNATURE	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



10927

10930

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.

No. 191

I. PLACE OF DEATH:

COUNTY Howard

MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town)
TOWN Rt 40LENGTH OF STAY
(in this place)HOSPITAL OR
INSTITUTION OR
STREET ADDRESS Cooksville

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY WashingtonCITY (If outside corporate limits write RURAL and give nearest town)
OR
TOWN Hagerstown

STREET ADDRESS (If rural, give location)

Rural near Finkstown

3. NAME OF

(First)

(Middle)

(Last)

DECEASED:
(Type or Print)ERNESTRAYROSS

4. DATE

(Month)

(Day)

(Year)

OF
DEATHNov. 19, 195519

5. SEX:

6. COLOR OR

RACE:

7. SINGLE, MARRIED,

WIDOWED, DIVORCED,

8. DATE OF BIRTH:

9. AGE last birthday:

IF UNDER 1 YEAR

IF UNDER 24 HRS.

MaleWhite?4-25-191837

yrs.

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Laborer10b. KIND OF BUSINESS OR INDUSTRY: Const. Work11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME:

Clarence T. Ross

14. MOTHER'S MAIDEN NAME:

Alice Cora Keim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

No

16. SOCIAL SECURITY No.:

232-26-0836

17. INFORMANT & ADDRESS:

Evelyn M. Burkett, 113 First St. Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN
ONSET AND DEATH

Immediate cause

(a).....

DUE TO

Antecedent cause(s)

(b).....

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes ☐ No ☒21a. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY d. 3-Route 40

21c. (City or town)

(County)

(State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 11 19 1955 3 M.21e. INJURY OCCURRED While at work ☐ Not while at work ☒

21f. HOW DID INJURY OCCUR?

deceased's auto struck rear of gasoline tractor trailer.22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE

George E. DwyerCHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
ASSISTANT MEDICAL EXAM.

DATE SIGNED

11/20/55

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial11-22-55Pinto MennonitePinto, Md.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

ADDRESS

11-20-55John B. LoughranJohn J. Hafer, Cumberland, Md.Pr. B. E. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A-5-53

BUREAU V. S.

NOV 25 1955

RECEIVED

1

INSTRUCTIONS

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death certificate be executed within 24 hours after death. The bottom copy may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

VS A13C 1-55 10M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10931

10928 CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED			
COUNTY <u>Howard</u>		MARYLAND		STATE <u>Maryland</u>		COUNTY <u>Howard</u>	
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)			
X TOWN <u>Ellicott City</u>				TOWN <u>Ellicott City</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Old Natwick Road</u>				STREET ADDRESS (If rural give location) <u>Old Natwick Road</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
(First) <u>JOHN</u> (Middle) <u>WALTER</u> (Last) <u>WHITEFORD</u>				Nov. 9 1955			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Separated)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR		IF UNDER 24 HRS.
Male	White	Married	May 10, 1880	75 yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dairyman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Milk</u>		11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>Unknown</u>				14. MOTHER'S MAIDEN NAME <u>Unknown</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>216-07-9828</u>		17. INFORMANT & ADDRESS <u>Mrs. Mary Lois Frey, Ellicott City, Md</u>			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						18. MEDICAL CERTIFICATION	
151X IMMEDIATE CAUSE (A) <u>ADENOCARCINOMA OF STOMACH</u>						INTERVAL BETWEEN ONSET AND DEATH <u>15 MO.</u>	
ANTECEDENT CAUSE(S) DUE TO (B) <u>METASTASES TO LIVER</u>							
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C)							
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21b. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.		21e. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 August, 1955</u> , to <u>9 NOV., 1955</u> , that I last saw the deceased alive on <u>6 NOV., 1955</u> , and that death occurred at <u>7:35 P.M.</u> from the causes and on the date stated above.							
SIGNATURE <u>George E. Groleau</u>		M.D. <u>MAIN St Clbridge, md</u>		DATE SIGNED <u>11 Nov. 55 md</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>Nov. 12, 1955</u>		NAME OF CEMETERY OR CREMATORY <u>Druid Ridge</u>		LOCATION (City, town, or county) (State) <u>Pikesville, Md.</u>	
24. REC'D BY REGISTRAR		REGISTRAR'S SIGNATURE <u>John B. Loughman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F.C. Higinbotham</u>		ADDRESS <u>Ellicott City, Md.</u>	
DATE <u>Nov. 11, 55</u>							

Per B.E.L.

BUREAU V. S.

• 1990 •